## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## RECEIVED

PLEASE PRINT

OCT 3 0 2017

| I. Name of Lobbyist(s)   | EDDIE   | <i>EDWAN</i>                                 | ٠.  | NEW HAMPSHIRE DEPARTMENT OF STATE |
|--|---|--|---|-----------------------------------|
| II. Nama af labbudatis no  | rtnership, firm or corporati  | on if any                                    |   | DEPARTMENT OF STATE               |
|  |   |  | Once  |                                   |
|  | partnership, firm or corporation  | NOWARZE                                      | (WASHLY   | =NG                               |
| (Name of   | partnership, firm or corporation  | ,  |   | _                                 |
| <u> </u>   | 11 TUS DIZ (Town  | DOLES  | NH  | <u> </u>                          |
|  |   |  |   |                                   |
| ((a3) <u>921-76</u><br>(Telephone)   | <u>55()</u>   | (Fax)  | e-mail EED WA                                   | ARX CONSULTING (DICHAEL. C        |
| III. This statement cover reportable expense trans                         | s: (Choose one – file separa<br>actions which are not attrib            | te reports for each<br>utable to any one o   | client, OR you may<br>client).                  | file a separate report for        |
| -  | ions occurring in the months  |  |   |                                   |
|  | Ull Name of Client as it appears  | T ISRUW                                      | ALLIA   | ( <u>C)</u>                       |
| (F   | ull Name of Client as it appears  | on the Lobbyist Regis                        | tration Form)                                   |                                   |
| OR   |   |  |   |                                   |
| ☐ All reportable transacti<br>unrelated to any particular                  | ons by the lobbyist (including client.                                  | g the lobbyist's fami                        | ity), or the loobying                           | firm fisted below which are       |
|  | April 26, 2017  |  | ly 26, 2017 (3)<br>rom 4/1/17 to 6/30/17        |                                   |
|  | October 25, 2017 14   | Ja<br><i>activity J</i>                      | nuary 31, 2018<br><i>from 10/1/17 to 12/31/</i> | 17                                |
| V. There have been no<br>If this box is checked, con<br>Concord, NH 03301. | o fees received and no repoplete just this form and subm                | ortable transacti<br>iit it to the Secretary | ons made since the of State's Office, St        | ate House, Room 204,              |
| VI. Check if additional i  | reports are attached:   |  |   |                                   |
| If you have received   | fees or made expenditures, yo   | u must file Addend                           | lum A- Fees and Ex                              | penses                            |
| If you have paid an b  | onorarium or reimbursed exp   | enses, you must file                         | Addendum B- Rep                                 | oort of Honorariums or            |
| If you, your firm, or  | your family has made politica   | l contributions, you                         | must file Addendu                               | n C- Political Contributions      |
| (Signature of lobbyist)  | nation by Lobbyist 15-B, RSA 14-C and RSA 6 of my knowledge and belief. | 64 and hereby swea                           | r or affirm that the form $\frac{10/27}{10}$    |                                   |
| (Print Name of lobbyist)   |   |  |   |                                   |